

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F05000002931

**FILED**  
**Apr 15, 2013**  
**Secretary of State**  
**CC1168172240**

**Entity Name:** PETSMARKETING INSURANCE.COM AGENCY, INC.

**Current Principal Place of Business:**

3840 GREENTREE AVENUE SW  
CANTON, OH 44706

**Current Mailing Address:**

3840 GREENTREE AVENUE SW  
CANTON, OH 44706

**FEI Number: 34-1920152**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name RUSHOVICH, DENNIS C  
Address 3840 GREENTREE AVE SW  
City-State-Zip: CANTON OH 44706

Title VD  
Name SACHS, CHRISTOPHER R  
Address 3840 GREENTREE AVE SW  
City-State-Zip: CANTON OH 44706

Title T  
Name CHANEY, CHRISTOPHER M  
Address 3840 GREENTREE AVE SW  
City-State-Zip: CANTON OH 44706

Title V  
Name THOMPSON, LYNN M  
Address 3840 GREENTREE AVE SW  
City-State-Zip: CANTON OH 44706

Title D  
Name LEIGHTON, NICHOLAS J  
Address 3840 GREENTREE AVE SW  
City-State-Zip: CANTON OH 44706

Title S  
Name ADAMS, PATRICIA M  
Address 3840 GREENTREE AVE SW  
City-State-Zip: CANTON OH 44706

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: PATRICIA ADAMS**

**S**

**04/15/2013**

Electronic Signature of Signing Officer/Director Detail

Date